

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Louisiana Reform PAC

ADDRESS (number and street)

PO Box 1542

Check if different
than previously
reported. (ACC)

Shreveport

LA

71165

1542

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00409631

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Schmidt

Signature of Treasurer

Electronically Filed by John Schmidt

Date

01

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		1572.42
(b) Cash on Hand at Beginning of Reporting Period	11879.89	
(c) Total Receipts (from Line 19)	33503.96	82503.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45383.85	84076.38
7. Total Disbursements (from Line 31)	29196.07	67888.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16187.78	16187.78
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 7

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22500.00	65500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	22500.00	65500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	11000.00	17000.00
(c) Other Political Committees (such as PACs)	33500.00	82500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.96	3.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33503.96	82503.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33503.96	82503.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29196.07	61888.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	29196.07	61888.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29196.07	67888.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29196.07	67888.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33500.00	82500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33500.00	82500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29196.07	61888.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29196.07	61888.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Sidney Lassen

Mailing Address 2770 S Ocean Boulevard
Apt. S203

City State Zip Code
Palm Beach FL 33480-5599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sizeler Realty Co., Inc.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI-318-430-c

Amount of Each Receipt this Period

500.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Gray

Mailing Address PO Box 6202

City State Zip Code
Metairie LA 70009-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Gray Insurance Company

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI-329-463-c

Amount of Each Receipt this Period

5000.00

Pac Contribution

C.

Full Name (Last, First, Middle Initial)

Dale De Sonier

Mailing Address 917 Contraband Lane

City State Zip Code
Lake Charles LA 70605-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI-330-464-c

Amount of Each Receipt this Period

500.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Art Favre

Mailing Address PO Box 82285

City

Baton Rouge

State

LA

Zip Code

70884-2285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Performance, Contractors,
In

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI-331-465-c

Amount of Each Receipt this Period

500.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Howard Barker

Mailing Address 3902 South Dowas Mandalay

City

Houma

State

LA

Zip Code

70360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Airborne Support Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: SA11AI-332-466-c

Amount of Each Receipt this Period

500.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Barry Le Blanc

Mailing Address 7022 Saint Charles Avenue

City

New Orleans

State

LA

Zip Code

70118-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAMLAB, LLC

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: SA11AI-320-433-c

Amount of Each Receipt this Period

500.00

PAC Contributions

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

John Foster

Mailing Address 524 E Lamar Boulevard
Suite 200

City State Zip Code
Arlington TX 76011-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
John B. Foster Investments

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 7

Transaction ID: SA11AI-326-456-c

Amount of Each Receipt this Period

1000.00

DC event

B.

Full Name (Last, First, Middle Initial)

Donald Bollinger

Mailing Address PO Box 250

City State Zip Code
Lockport LA 70374-0250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bollinger Shipyards, Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI-328-462-c

Amount of Each Receipt this Period

5000.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Gregory Walker

Mailing Address 17717 British Lane

City State Zip Code
Baton Rouge LA 70810-6593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf States Health Services

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 7

Transaction ID: SA11AI-322-436-c

Amount of Each Receipt this Period

500.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Besselman

Mailing Address 18031 Cascades Avenue

City

Baton Rouge

State

LA

Zip Code

70810-5960

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Besselman Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 7

Transaction ID: SA11AI-323-438-c

Amount of Each Receipt this Period

500.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Bill Lawton

Mailing Address 641 W Prien Lake Road

City

Lake Charles

State

LA

Zip Code

70601-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer
William B. Lawton Co., LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-319-432-c

Amount of Each Receipt this Period

500.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Robert Webb, Jr.

Mailing Address PO Box 536

City

Reserve

State

LA

Zip Code

70084-0536

FEC ID number of contributing
federal political committee.

C

Name of Employer
LA Machinery Co.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-315-425-c

Amount of Each Receipt this Period

1000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Robert Levis

Mailing Address PO Box 1529

City

Slidell

State

LA

Zip Code

70459-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Levis Chevrolet-Ca-
dill

Occupation

Automobile Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	7

Transaction ID: SA11AI-316-427-c

Amount of Each Receipt this Period

500.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Bill Hise

Mailing Address 4426 W Lakeshore Drive

City

Baton Rouge

State

LA

Zip Code

70808-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hise Company

Occupation

Consultant-Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	7

Transaction ID: SA11AI-317-429-c

Amount of Each Receipt this Period

500.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Vaughn Fitzpatrick

Mailing Address 1437 Washington Avenue

City

New Orleans

State

LA

Zip Code

70130-5751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	7

Transaction ID: SA11AI-182-437-c

Amount of Each Receipt this Period

500.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

John Laborde

Mailing Address 601 Poydras Street
Suite 1637

City State Zip Code
New Orleans LA 70130-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: SA11AI-184-426-c

Amount of Each Receipt this Period

500.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

William Smith

Mailing Address PO Box 2266

City State Zip Code
Houma LA 70361-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
T. Baker Smith

Occupation
Civil Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: SA11AI-314-424-c

Amount of Each Receipt this Period

500.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

R.E. Miller

Mailing Address PO Box 3616

City State Zip Code
Morgan City LA 70381-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Equipment, Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: SA11AI-7-428-c

Amount of Each Receipt this Period

1000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Paul Cambon

Mailing Address 499 S Capitol Street SW
Suite 600

City State Zip Code
Washington DC 20003-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Livingston Group

Occupation
Government Affairs Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11AI-23-458-c

Amount of Each Receipt this Period

2500.00

DC Event

B.

Full Name (Last, First, Middle Initial)

Leopold Sher

Mailing Address 909 Poydras Street
Floor 28

City State Zip Code
New Orleans LA 70112-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sher Garner Law Firm

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-171-431-c

Amount of Each Receipt this Period

500.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

22500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Comcast Corporation PAC

Mailing Address 1500 Market Street

City

Philadelphia

State

PA

Zip Code

19102-2100

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: SA11C-99-461-c

Amount of Each Receipt this Period

1000.00

DC event

B.

Full Name (Last, First, Middle Initial)

AT&T Federal PAC

Mailing Address 175 E Houston Street
Room 7-A

City

San Antonio

State

TX

Zip Code

78205-2255

FEC ID number of contributing
federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11C-279-467-c

Amount of Each Receipt this Period

2500.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

AOPA PAC

Mailing Address 421 Aviation Way

City

Frederick

State

MD

Zip Code

21701-4756

FEC ID number of contributing
federal political committee.

C C00131185

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 7

Transaction ID: SA11C-327-457-c

Amount of Each Receipt this Period

2500.00

DC Event

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 Glenlake Parkway NE

City State Zip Code
Atlanta GA 30328-3474

FEC ID number of contributing
federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11C-197-459-i

Amount of Each Receipt this Period

1223.00

In-Kind:DC event-no candi-
date benefite

B.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 Glenlake Parkway NE

City State Zip Code
Atlanta GA 30328-3474

FEC ID number of contributing
federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: SA11C-197-460-c

Amount of Each Receipt this Period

1277.00

DC event

C.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 Glenlake Parkway NE

City State Zip Code
Atlanta GA 30328-3474

FEC ID number of contributing
federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11C-197-468-c

Amount of Each Receipt this Period

2500.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

11000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Kyle Ruckert	Transaction ID: SB21B-64-481-e Date of Disbursement																				
Mailing Address 703 7th Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	7												
City Washington State DC Zip Code 20003-2740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lunch-no candidate benefited Candidate Name	<table border="1"> <tr> <td colspan="10">50.55</td> </tr> </table>	50.55																			
50.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kyle Ruckert	Transaction ID: SB21B-64-487-e Date of Disbursement																				
Mailing Address 703 7th Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	7												
City Washington State DC Zip Code 20003-2740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lunch - no candidate benefited Candidate Name	<table border="1"> <tr> <td colspan="10">74.15</td> </tr> </table>	74.15																			
74.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kyle Ruckert	Transaction ID: SB21B-64-435-e Date of Disbursement																				
Mailing Address 703 7th Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	7												
City Washington State DC Zip Code 20003-2740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dinner - no candidate benefited Candidate Name	<table border="1"> <tr> <td colspan="10">106.82</td> </tr> </table>	106.82																			
106.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

231.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	<p>Full Name (Last, First, Middle Initial) Courtney Guastella</p> <p>Mailing Address 7449 Garfield Street</p> <p>City New Orleans State LA Zip Code 70118-3636</p> <p>Purpose of Disbursement Receptions-no candidate benefited</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-103-445-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1891.34"/></p>
B.	<p>Full Name (Last, First, Middle Initial) Courtney Guastella</p> <p>Mailing Address 7449 Garfield Street</p> <p>City New Orleans State LA Zip Code 70118-3636</p> <p>Purpose of Disbursement Monthly retainer fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-103-474-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
C.	<p>Full Name (Last, First, Middle Initial) Courtney Guastella</p> <p>Mailing Address 7449 Garfield Street</p> <p>City New Orleans State LA Zip Code 70118-3636</p> <p>Purpose of Disbursement Monthly retainer fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-103-482-e</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

6891.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Courtney Guastella Mailing Address 7449 Garfield Street	Transaction ID: SB21B-103-434-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 7</div> </div>
City New Orleans State LA Zip Code 70118-3636 Purpose of Disbursement Monthly Retainer Fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>2500.00</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Courtney Guastella Mailing Address 7449 Garfield Street	Transaction ID: SB21B-103-475-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City New Orleans State LA Zip Code 70118-3636 Purpose of Disbursement Monthly retainer fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>2500.00</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Courtney Guastella Mailing Address 7449 Garfield Street	Transaction ID: SB21B-103-485-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 7</div> </div>
City New Orleans State LA Zip Code 70118-3636 Purpose of Disbursement Monthly retainer fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>2500.00</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-444-e Date of Disbursement																				
Mailing Address 7449 Garfield Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	7												
<table border="1"> <tr> <td>City New Orleans</td> <td>State LA</td> <td>Zip Code 70118-3636</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Monthly retainer fee</td> <td rowspan="2"> <div>001</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City New Orleans	State LA	Zip Code 70118-3636	Purpose of Disbursement Monthly retainer fee		<div>001</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>2500.00</div>												
City New Orleans	State LA	Zip Code 70118-3636																			
Purpose of Disbursement Monthly retainer fee		<div>001</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) Mike Futrell	Transaction ID: SB21B-126-480-e Date of Disbursement																				
Mailing Address 922 Voorhies Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	7												
<table border="1"> <tr> <td>City Baton Rouge</td> <td>State LA</td> <td>Zip Code 70815-5292</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Reception exps-no candidate benefited</td> <td rowspan="2"> <div>003</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Baton Rouge	State LA	Zip Code 70815-5292	Purpose of Disbursement Reception exps-no candidate benefited		<div>003</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>958.15</div>												
City Baton Rouge	State LA	Zip Code 70815-5292																			
Purpose of Disbursement Reception exps-no candidate benefited		<div>003</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) Paul Dickson	Transaction ID: SB21B-154-484-e Date of Disbursement																				
Mailing Address PO Box 51367	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	0	7												
<table border="1"> <tr> <td>City Shreveport</td> <td>State LA</td> <td>Zip Code 71135-1367</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shr reception-no candidate benefited</td> <td rowspan="2"> <div>003</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Shreveport	State LA	Zip Code 71135-1367	Purpose of Disbursement Shr reception-no candidate benefited		<div>003</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>2253.81</div>												
City Shreveport	State LA	Zip Code 71135-1367																			
Purpose of Disbursement Shr reception-no candidate benefited		<div>003</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

5711.96

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC**A.**

Full Name (Last, First, Middle Initial)

Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City
ShreveportState
LAZip Code
71106-7684Purpose of Disbursement
Monthly Admin Fee

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-165-451-e

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City
ShreveportState
LAZip Code
71106-7684Purpose of Disbursement
Monthly Admin Fee

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-165-452-e

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City
ShreveportState
LAZip Code
71106-7684Purpose of Disbursement
Monthly Admin Fee

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-165-446-e

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Monica Schmidt Mailing Address 10010 Winding Ridge Drive	Transaction ID: SB21B-165-407-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 7</div> </div>
City Shreveport State LA Zip Code 71106-7684 Purpose of Disbursement Monthly Admin Fee+Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>268.09</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Monica Schmidt Mailing Address 10010 Winding Ridge Drive	Transaction ID: SB21B-165-453-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 7</div> </div>
City Shreveport State LA Zip Code 71106-7684 Purpose of Disbursement Monthly Admin Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>250.00</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Monica Schmidt Mailing Address 10010 Winding Ridge Drive	Transaction ID: SB21B-165-450-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 7</div> </div>
City Shreveport State LA Zip Code 71106-7684 Purpose of Disbursement Monthly Admin Fee+Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>271.09</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

789.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Machado & Company

Mailing Address 6111 Newman Road

City State Zip Code
Fairfax VA 22030-5918

Purpose of Disbursement
Retainer 10% of funds raised

Candidate Name

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B-102-454-e

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

930.00

B.

Full Name (Last, First, Middle Initial)

CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City State Zip Code
San Diego CA 92102-4548

Purpose of Disbursement
Monthly service fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B-164-443-e

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City State Zip Code
San Diego CA 92102-4548

Purpose of Disbursement
Monthly Service Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B-164-406-e

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

1630.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Monthly Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-164-439-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Monthly service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-164-441-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Monthly service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-164-442-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Monthly service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-164-491-e</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p> <p><input type="text" value="001"/> Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Dues+meals-no candidate benefited</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-252-470-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p> <p><input type="text" value="001"/> Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Dues-no candidate benefited</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-252-479-e</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><input type="text" value="001"/> Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Coins for Anything	Transaction ID: SB21B-218-471-e Date of Disbursement
Mailing Address 106 Brenwick Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 0 7</div> </div>
City Stafford State VA Zip Code 22554-7745	Amount of Each Disbursement this Period
Purpose of Disbursement Voided Check Candidate Name	<div> <div>0.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Coins for Anything	Transaction ID: SB21B-218-448-e Date of Disbursement
Mailing Address 106 Brenwick Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 7</div> </div>
City Stafford State VA Zip Code 22554-7745	Amount of Each Disbursement this Period
Purpose of Disbursement Coins for troops in Iraq Candidate Name	<div> <div>825.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Coins for Anything	Transaction ID: SB21B-218-447-e Date of Disbursement
Mailing Address 106 Brenwick Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 7</div> </div>
City Stafford State VA Zip Code 22554-7745	Amount of Each Disbursement this Period
Purpose of Disbursement Coins for troops in Iraq Candidate Name	<div> <div>135.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
Reeves Uptown Catering

Mailing Address 1639 Ryan Street

City Lake Charles State LA Zip Code 70601-5948

Purpose of Disbursement
LC reception-no candidate benefited

Candidate Name

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-324-440-e
Date of Disbursement

08 / 28 / 2007

Amount of Each Disbursement this Period

754.83

B.

Full Name (Last, First, Middle Initial)
Unique Cuisine Catering

Mailing Address 625 S Acadian Thruway

City Baton Rouge State LA Zip Code 70806-5637

Purpose of Disbursement
BR reception-no candidate benefited

Candidate Name

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-333-473-e
Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

780.20

C.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328-3474

Purpose of Disbursement
Inkind: DC event-no candidate benefited

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-197-459-i
Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

1223.00

SUBTOTAL of Disbursements This Page (optional)

2758.03

TOTAL This Period (last page this line number only)

29047.03